

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							<small>SERIAL NO.</small> 09/936081		<small>FILING DATE</small> 07 SEP 2001		
							<small>APPLICANT(S)</small> <i>KLICK</i>				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2		/					52				
3		2					53				
4	/						54				
5	/						55				
6		/					56				
7	/						57				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	6						TOTAL IND.				
TOTAL DEP.	4						TOTAL DEP.				
TOTAL CLAIMS	10						TOTAL CLAIMS				